

Brendoncare Foundation(The)

# Brendoncare Woodhayes

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brendoncare Woodhayes is a care home providing nursing and personal care for up to 27 older people. At the time of the inspection there were 20 people living at the home. The service is a large older style building on two floors with gardens to the front and back.

### People's experience of using this service and what we found

Brendoncare Woodhayes had a visible person-centred culture which ensured that staff in all roles were highly motivated and offered care and support that was compassionate and kind. There was a good ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the registered manager and team were committed to and passionate about providing a good quality service. We received positive feedback from people and a relative. Any issues were taken seriously and swift action taken by the registered manager supported by head office. The feedback reflected staff were kind, caring and committed.

Staff, supported by the activity co-ordinator, recognised what was important to people and ensured that people's personal needs, wishes and preferences were delivered. Safe access to visitors and leisure activities had been well managed to ensure promotion of positive wellbeing for people and their loved ones.

Care and support plans were reviewed and changed as people's needs changed. The service worked closely with healthcare professionals. People were supported to maintain good health and to meet their nutritional needs.

Staff told us they were supported by the management team with empathy and understanding. Many staff had worked at the service for some years. There had been some difficult times during the pandemic but these had been managed well with additional support for staff and recognition of their hard work. The registered manager, provider and management team provided supportive leadership and had developed a dedicated staff team who were committed to the vision and values of the service.

The provider had effective quality assurance systems, led by the Head of Quality and Compliance, which were used to drive improvement. People living at Brendoncare Woodhayes told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns.

The provider had safe recruitment and selection processes in place. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs, with staff working together to cover shifts during the pandemic.

Medicines were managed safely, and people received their medicines as prescribed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection The last rating for this service was Good (published 12 February 2019)

#### Why we inspected

The inspection was prompted in part due to concerns received about some areas of care at night such as re-positioning, fluid management and staff teamwork. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service therefore remains Good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Brendoncare Woodhayes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors during the out of hours visit and one inspector over subsequent two days.

#### Service and service type

Brendoncare Woodhayes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection during the day time to ascertain the COVID-19 arrangements before our visit. The night time visit was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and received feedback from one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, quality assurance manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with the local safeguarding team.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remains Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. Pressure care was well managed. People at risk of pressure skin damage had body maps and these were reviewed daily. There was an issue relating to individual staff members and night time re-positioning record keeping but this was addressed immediately by the registered manager.
- One relative told us that the service had been wonderful in keeping their loved one safe during the pandemic saying, "Mum looks so well. The staff have all been fantastic and they have supported me to be an essential care giver so I am part of the team." One person was recorded as feeling 'a bit low' and staff had followed this up with the person playing soft ball basketball and saying, "What a wonderful life I'm having!"
- People's risk assessments included areas such as their mobility, nutrition and medicines. Staff were familiar with and followed people's risk management plans. For example, appropriate health professional referrals had been made such as for support from the Older People's Mental Health team. For one person, medicines had been regularly reviewed to reduce side effects and promote personal care effectiveness. Another person who had had a stroke was doing strengthening exercises as per their care plan during our visit.
- We commented that fluid charts did not always have totals to ensure people were drinking well. All records we saw showed good amounts, however. Following the inspection the provider added a space for totals to all charts and a checkbox in handover records to ensure this was clearer. People at risk of losing weight were monitored. For example, foods they liked were encouraged and staff offered supplements in a fun way to encourage people.
- The provider had a system to record accidents and incidents that was sent monthly to head office. We viewed the accidents log and saw appropriate action had been taken.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

### Staffing and recruitment

- There were enough staff to meet people's needs, day and night. We saw people were attended to and supported in a timely manner and staff were not rushed. People who were unable to use a call bell were checked regularly. Staff had time to spend with people and had time to share and support people enjoying activities such as at an afternoon pantomime during the inspection on day two.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Supervisions were happening regularly and also when there were any issues or when learning was shared.

### Using medicines safely

- There was an electronic administration system (EMAR) which sent alerts to prevent any missed medication and used a clear stock taking process which had streamlined present stock. There had been no medicine administration errors since its introduction. All staff had completed the EMAR training and had competency checks. This included care workers who would need to sign as the second person for controlled drug administration. Topical creams were well managed, administration recorded and opening dates in place.
- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- Where people were prescribed medicines on an 'as required' basis there was guidance for staff to know when and why to use them. This was now being kept with the medicines and further detail was being added.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Brendoncare Woodhayes.
- People were supported by staff that knew how to raise safeguarding concerns. There was a safeguarding staff notice board, sharing any trust wide issues.
- The provider had safeguarding policies in place and the team reported concerns accordingly. For example, substandard care by individual staff, raised by other staff, had been well managed and positive work had been done to promote teamwork.

### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation and there were manager meetings regularly.
- Discussions with staff showed there had been learning following any issues identified during audits. For example, staff had discussed some difficulties across the staff team and were aware of how to complete daily records and fluid charts with new forms.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remains Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt very well supported, especially during the pandemic. Along with treats and communication relaying thanks from the provider and management team, all staff had received a COVID-19 extra day off. There had been supportive team meetings and supervisions with staff. Three staff told us it had been difficult, but they had been well supported by the registered manager and the provider, mentally and with supplying COVID-19 guidance and equipment. One staff member said, "I've only ever seen good care. I can talk to the registered manager; I've had training and supervisions. It's a lovely home."
- People told us they thought the service was well run. One person said, "They look after me very well. They come and chat when they can and keep me safe. We keep busy."
- The Brendoncare Foundation is a registered charity with a head office in Winchester managing ten homes. There was a clear leadership structure which aided in the smooth running of the service, supported by a management team including the chief operating officer, Head of Care and Head of Quality and Compliance. Each Brendoncare manager reported to head office with monthly manager's feedback and weekly reporting. There were good oversight systems in place. The computer systems also enabled access at any time. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided. The registered manager gave us examples of how staff had felt able to talk to them about any shortfalls in individual staff work and how this had been resolved to benefit people.
- There were detailed audits covering all areas such as dignified care, safeguarding and consent, quality governance and spot checks. These generated a scoring matrix and an action plan which the registered manager had completed. Other audits included a thorough audit of controlled drug administration over three days with an independent manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest. Staff had been able to access wellbeing and counselling services and had felt valued for their hard work during the pandemic. Issues relating to the night staff team and individual staff wellbeing had been clearly addressed and recorded through supervisions and team meetings. Records included staff comments which were all positive, for example, "I have been well supported and am confident in the care provider by Woodhayes." Provider support had been excellent, and the registered manager was able to request management team visits at any time, for example during our inspection.
- Legislation sets out specific requirements that providers must follow when things go wrong with care and

treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought through meetings and an open-door policy. These were being re-instated safely. The staff team worked hard to support as many visitors as they could following government guidance. There were a number of relatives who had had an induction to promote them as essential care givers so they could assist and visit their loved ones if they wished.
- The staff told us there was good teamwork, they felt involved and were encouraged to attend team meetings. One staff member said, "We are encouraged to write the daily records as we know people well." Daily records were very good and showed excellent detail to ensure that people's needs were met. For example, for one person new to the home their needs were clearly described and their progress in settling in documented.
- Information was also shared with staff at handovers and briefings. A new 10 at 11 meeting brought staff together for a catch up each day.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care. There was good communication between the provider's homes and learning was shared and put into practice across the services. For example, increasing night spot checks following our inspection, changing monitoring forms to make them clearer during handover across the services.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider and manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. This had been difficult at times due to the pandemic, but the registered manager had worked closely with the local safeguarding team recently in relation to a complex case.